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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/623,761
Filing Date	07/21/2003
First Named Inventor	John H. Laragh
Title	Method for evaluating and treating hyperkinesia
Art Unit	1657
Examiner Name	Shen Bin
Attorney Docket Number	55990/8

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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<input checked="" type="checkbox"/> Firm or Individual Name	John H. Laragh				
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I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	<i>John H. Laragh</i>	Date	OCTOBER 26, 2009
Name	JOHN H. LARAGH	Telephone	561-369-1851
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.☒ *Total of 1 forms are submitted.

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